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Bib. Data Sheet

CONFIRMATION NO. 9730

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| SERIAL NUMBER 09/776,267 | FILING DATE 02/02/2001 RULE | CLASS 713 | GROUP ART UNIT 2182 | ATTORNEY DOCKET NO. 8011-15 |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

APPLICANTS
James J. Fallon, Armonk, NY;
John Buck, Oceanside, NY;
Paul F. Pickel, Bethpage, NY;
Stephen J. McErlain, New York, NY;

**** CONTINUING DATA ****
THIS APPLN CLAIMS BENEFIT OF 60/180,114 02/03/2000
yes *yes*

**** FOREIGN APPLICATIONS ****
None *yes*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/09/2001 **** SMALL ENTITY ****

| | | | | |
|---|-------------------------------|-----------------------------|----------------------------------|---------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 13 | TOTAL CLAIMS <i>10</i> | INDEPENDENT CLAIMS <i>2</i> |
|---|-------------------------------|-----------------------------|----------------------------------|---------------------------------------|

35 USC 119 (a-d) conditions ☐ yes ☐ no ☐ Met after
met Allowance *yes*

Verified and Acknowledged *yes*
Examiner's Signature _____ Initials _____

ADDRESS
Frank Chau, Esq.
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1900 Hempstead Turnpike
East Meadow, NY 11554

TITLE
Systems and methods for accelerated loading of operating systems and application programs

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 420 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ |
|-----------------------------------|---|---|